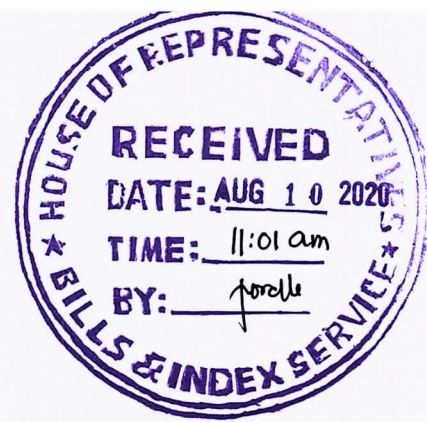


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 7331



Introduced by: Hon. Angelina “Helen” D.L. Tan, M.D.

AN ACT

PROVIDING FOR THE DEVELOPMENT, ADMINISTRATION, ORGANIZATION, TRAINING, MAINTENANCE AND UTILIZATION OF THE MEDICAL RESERVE CORPS, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The report by the Global Preparedness Monitoring Board (GPMB), an independent monitoring and advocacy body that aims to assess the world’s ability to protect itself from health emergencies and identify critical gaps to preparedness across multiple perspectives, warns that humankind is stumbling toward the 21st-century equivalent of the 1918 influenza pandemic, which affected one-third of the world’s population and killed approximately 50 million people.

Based on the report, only one third of countries, as of 2018, have the capacities required under the International Health Regulations (IHR) and that the great majority of national health systems would be unable to handle a large influx of patients infected with a respiratory pathogen capable of easy transmissibility and high mortality.

As pointed out in the Joint External Evaluation (JEE) Mission report, the Philippines, due to its location, is one of the most natural-disaster prone countries in the world and in the past decade the country has faced challenges in making solid progress in infectious disease control. Given this situation, the country’s preparedness in times of public health emergencies is significantly necessary such as during pandemics and natural disasters.

The COVID-19 pandemic has, for instance, exposed the weaknesses of the country’s healthcare system, among them is the inability to cope with the surge of patients needing medical care due to lack of medically-trained personnel.

This measure seeks to create and develop a Medical Reserve Corps (MRC) under the Health Emergency Management Bureau of the Department of Health. It aims to strengthen the national preparedness and response of the government to public health emergencies and reduce the adverse health, economic, and social impact of pandemics to the Filipino people.

In view of the foregoing, the approval of this bill is urgently sought.

ANGELINA “HELEN” D.L. TAN, M.D.
4th District, Quezon

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CORPS, AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

Section 1. *Short Title.* - This Act shall be known as the “Medical Reserve Corps Act.”

SEC. 2. *Declaration of Policy.* - Section 15, Article II of the 1987 Constitution enjoins the State to protect and promote the right to health of the people and instill health consciousness among them. Section 11 of Article XIII also provides for the adoption of an integrated and comprehensive approach to health development. The State further reiterates its commitment to the Sustainable Development Goals (SDGs), particularly SDG 3 which calls on the State to ensure healthy lives and promote well-being for all at all ages.

The State recognizes the need for a reserve force of part-time, highly-skilled and medically-trained professionals and volunteers that can be mobilized to maintain surge capacity of the country’s healthcare system and provide assistance as may be needed in times of health crises.

Pursuant to this, it is the policy of the State to maintain a strong, proactive and responsive healthcare system at all times, but which can be expanded rapidly by a well-trained and well-equipped Medical Reserve Corps (MRC) in times of disaster or other health emergencies. Towards this end, the State shall enhance the capacity of the nation to produce and call on the needed manpower and expand its human health resources in times of disasters and health emergencies of both national and local scale through the mobilization of the MRC.

SEC. 3. *Call to the Medical Reserve Corps Service.* - The MRC shall be composed of the following hierarchy of call whose primary mission is to support the country’s public health system in times of public health emergencies:

1). Licensed physicians to include those who are retired and those who are no longer practicing in the hospital setting. The Department of Health (DOH) may coordinate and collaborate with the accredited integrated professional organization or accredited professional organization of physicians for the engagement of private practitioners;

2). Medical students who have completed their four (4) years of medical course, graduates of medicine, and registered nurses who may be issued by the Secretary of Health with a limited and special authorization to render medical reserves pursuant to Republic Act No. 2382, otherwise known as the Medical Act; and

3). Licensed allied health professionals.

The MRC shall be so organized, trained, developed and maintained as to ensure their readiness to immediately respond to the call to service.

SEC. 4. *Organization.* - The DOH shall create the MRC under its Health Emergency Management Bureau.

The organization, structure, and manning of the MRC shall be set up with a paramilitary structure, and in such a manner that is necessary to make it effective, efficient and responsive to local and national disasters and other health emergencies, under such rules and regulations as the Secretary of Health may prescribe.

SEC. 5. *Registration and Training.* - The DOH shall draft guidelines for the recruitment, selection, compensation, other incentives for joining and continued membership, and length of service of the MRC members.

The DOH shall also prescribe a continuing training program for the MRC recruits and members, through written, practical and simulation activities, on various aspects of health emergency management and response and on the different health emergency situations and scenarios, such as but not limited to natural and man-made disasters, epidemics, pandemics, and other threats to public health. To this end, all recruits must undergo:

1) Compulsory basic training for a period to be set by the DOH where the MRC, as necessary, shall undergo training on disaster and health emergency response, the organization and structure of the MRC, and such other areas as may be prescribed by the DOH. Recruits shall be given compensation for their time during compulsory basic training; and

2) Continuing training, in coordination with relevant and qualified agencies in the private and public sector, including but not limited to the AFP and the National Disaster Risk Reduction and Management Council, to provide the training and other activities that will improve and reinforce their skills. All registered members shall undergo continuing training on a regular basis to upgrade their proficiency.

Successful completion of compulsory basic training shall be a requisite for admission into the MRC. Successful completion of activities in the continuing training program shall be a requisite for promotion within the MRC.

SEC. 6. *Accounting of Members of the MRC.* - All members shall be accounted for, their records and status updated and present whereabouts ascertained in order to ensure their readiness to the call to service. The DOH may tap local government units to assist in the accounting of members.

SEC. 7. *Mobilization.* - The mobilization of the MRC shall be by the authority of the Secretary of Health, upon the recommendation of the Director of the Health Emergency Management Bureau, in order to meet the needs of a disaster or health emergency, whether of local or national scale, and for other purposes deemed necessary to respond to threats to public health.

The MRC may be mobilized partially or in full as may be necessary. All members when called to service due to mobilization shall continue to receive all pay, allowances, and other privileges and benefits from his/her regular employment during the mobilization period.

SEC. 8. *Mobilization Centers.* - There shall be established in each province as many mobilization centers as needed to which members of the MRC will report when mobilization is ordered.

Mobilization centers may be any establishment or facility that can adequately house the MRC members, and their equipment and supplies during the period of deployment, including but are not limited to multi-purpose halls, gymnasiums, and other similar structures, and based on other requirements that the DOH shall prescribe. The DOH, in consultation with the local executives, shall likewise prescribe the location of the mobilization centers. The location of these centers shall be given the widest public information by the local executives.

SEC. 9. *Mobilization Stock.* - The minimum essential individual and organizational and medical

equipment and supplies shall be procured, stored and maintained to enhance rapid transition to readiness required for employment in the shortest possible time.

The DOH shall ensure and maintain the necessary capacity to scale up the procurement of these equipment and supplies as may be needed during the period of mobilization.

SEC. 10. *Enlistment of the AFP.* - The AFP may be enlisted by the Secretary of Health to provide expertise on the organization and paramilitary structure of the MRC for efficient, effective and swift deployment, as well as training to the MRC recruits in disaster and emergency response.

Further, the Secretary of Health may recommend to the President the enlistment of the AFP to supplement the mobilized MRC for the purpose of providing logistics and manpower for large-scale operations in times of disaster or other health emergency, contact tracing and monitoring of suspected cases, enforcing the quarantine of specific areas or facilitating the transport of emerging infectious diseases patients, and for such other purposes.

SEC. 11. *Demobilization.* - When the threat or emergency for which mobilization had been ordered has passed, the Secretary of Health shall order the demobilization of the MRC, and the mobilized members shall be reverted to inactive status.

SEC. 12. *Implementing Rules and Regulations.* - Within thirty (30) days from the effectivity of this Act, the DOH shall promulgate and issue the necessary guidelines for the effective implementation of this Act. The implementing rules and regulations issued pursuant to this section shall take effect thirty (30) days after its publication in two (2) national newspapers of general circulation.

SEC. 13. *Appropriations.* - The funds necessary for the initial implementation of this Act shall be charged against the appropriations of the DOH as needed. Thereafter, funding shall be included in the budget of the DOH under the annual General Appropriations Act.

SEC. 14. *Separability Clause.* - If any provision of this Act is declared unconstitutional or otherwise invalid, the validity of the other provisions shall not be affected thereby.

SEC. 15. *Repealing Clause.* - All other laws, decrees, orders, rules and regulations, other issuances, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 16. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,